**Non-Varsity Sports Request**

*Student Activity Finance Board*

Refer to [SAFB website](https://safb.mst.edu/) before attempting to fill out this form. A digital PDF version must be submitted on Engage and a signed hard copy must be submitted to the Student Council office.

The purpose of the Non-Varisty Sports Fund is to support club sports with equipment and operating costs. Limited support can be provided for away activities including competitions. (SAFB Code § 8K). SAFB determines eligible organizations.

Office Use Only, Date & Time of Receipt: \_ \_ \_

**General Information:**



**Organization Name:**

**Number of Members:**

**Semester:**



**Mission, Purpose, & Goals:**

**Officer Information:**



**President:** Name:

Phone:

Email:

**Treasurer:** Name:

Phone:

Email:

**Advisor:** Name:

Phone:

Email:

**Previous Year’s Budget:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Actual** |  |
|  |  |  |  |  |
|  | **Income:** |  |  |  |
|  |  |  |  |  |
|  | **Beginning Balance:** | $ |  |
|  |  |  |  |  |
|  | **Member Dues:** | $ |  |
|  |  |  |  |  |
|  | **SAFB Funding:** | $ |  |
|  |  |  |  |  |
|  | **Other:** | $ |  |
|  |  |  |  |  |
|  | **Explain Other Income:** |  |  |  |
|  |  |  |  |  |
|  | **Expenses** |  |  |  |
|  |  |  |  |  |
|  | **Equipment:** |  | $ |  |
|  |  |  |  |  |
|  | **Programming:** |  | $ |  |
|  |  |  |  |  |
|  | **Conferences & Travel:** |  | $ |  |
|  |  |  |  |  |
|  | **Supplies:** |  | $ |  |
|  |  |  |  |  |
|  | **Organization Dues:** |  | $ |  |
|  |  |  |  |  |
|  | **Advertising:** |  | $ |  |
|  |  |  |  |  |
|  | **Insurance:** |  | $ |  |
|  |  |  |  |  |
|  | **Other:** |  | $ |  |
|  |  |  |  |  |
|  | **Explain Other Expenses:** |  |  |  |
|  |  |  |  |  |
|  | **Total Income:** |  | $ |  |
|  |  |  |  |  |
|  | **Total Expenses:** |  | $ |  |
|  |  |  |  |  |
|  | **Explain Budget Discrepancies:** |  |  |  |
|  |  |  |  |  |

**Present Year’s Income:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Beginning Balance:** |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dues per Person** |  | **Paying Members** | **Times Collected Per Year** | **Total** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $ |  |  |  |  |  |  |  |  |  |  |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Projected Fundraising Profits:** | $ |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Projected Sales Profits:** |  | $ |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Miscellaneous Income:** |  | $ |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Miscellaneous Income** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Description:** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Funds:** |  |  | $ |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Present Year’s Requested Expenses:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line #** |  | **Quantity** |  | **Description** |  |  |  | **Total Cost** | **Request** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **21** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
| **22** |  |  |  |  |  |  |  |  |  |  | $ |  | $ |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Cost** |  |  |  |  |  |  | **Total Request** |  | **Percent Requested %** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $ |  |  |  |  |  | $ |  |  |  |  | % |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Every request must be detailed on the following pages either as an equipment or activity expense. Line items where funding is not being requested can be more general. Attach additional pages if necessary.

**Equipment Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item:** |  | **Expense Line:** |  |  |
|  |  |  |  |  |
| **Storage Location:** |  |  |  |  |
|  |  |  |  |  |
| **Intended Use:** |  |  |  |  |
|  |  |  |  |  |
| **Quotes:** | **Company:** |  | **Price:** |  |
|  |  |  |  |  |
| **Primary Quote:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 2:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 3:** |  | $ |  |  |
|  |  |  |  |  |
| **Item:** |  | **Expense Line:** |  |  |
|  |  |  |  |  |
| **Storage Location:** |  |  |  |  |
| **Intended Use:** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **Quotes:** | **Company:** |  | **Price:** |  |
|  |  |  |  |  |
| **Primary Quote:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 2:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 3:** |  | $ |  |  |
|  |  |  |  |  |
| **Item:** |  | **Expense Line:** |  |  |
|  |  |  |  |  |
| **Storage Location:** |  |  |  |  |
|  |  |  |  |  |
| **Intended Use:** |  |  |  |  |
|  |  |  |  |  |
| **Quotes:** | **Company:** |  | **Price:** |  |
|  |  |  |  |  |
| **Primary Quote:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 2:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 3:** |  | $ |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Item:** |  | **Expense Line:** |  |  |
|  |  |  |  |  |
| **Storage Location:** |  |  |  |  |
|  |  |  |  |  |
| **Intended Use:** |  |  |  |  |
|  |  |  |  |  |
| **Quotes:** | **Company:** |  | **Price:** |  |
|  |  |  |  |  |
| **Primary Quote:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 2:** |  | $ |  |  |
|  |  |  |  |  |
| **Quote 3:** |  | $ |  |  |
|  |  |  |  |  |

Three quotes are required for equipment purchases exceeding $250.

**Away Activities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity #1:** |  | **Location:** |  |  |  |
|  |  |  |  |  |  |
| **Date:** |  | **Expected Attendance:** |  |  |  |
|  |  |  |  |  |  |
| **Participation Fee:** | $ | **Travel Cost:** |  | $ |  |
|  |  |  |  |  |  |
| **Description:** |  | **Expense Lines:** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Activity #2:** |  | **Location:** |  |  |  |
|  |  |  |  |  |  |
| **Date:** |  | **Expected Attendance:** |  |  |  |
| **Participation Fee:** |  | **Travel Cost:** |  |  |  |
| $ |  | $ |  |
|  |  |  |  |  |  |
| **Description:** |  | **Expense Lines:** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Activity #3:** |  | **Location:** |  |  |  |
| **Date:** |  | **Expected Attendance:** |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
| **Participation Fee:** | $ | **Travel Cost:** |  | $ |  |
|  |  |  |  |  |  |
| **Description:** |  | **Expense Lines:** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Activity #4:** |  | **Location:** |  |  |  |
| **Date:** |  | **Expected Attendance:** |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
| **Participation Fee:** | $ | **Travel Cost:** |  | $ |  |
|  |  |  |  |  |  |
| **Description:** |  | **Expense Lines:** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Mission Statement Relevance:**

**In 4- 6 sentences please describe how this funding request relates to your organization's mission and purpose. How will these expenses enable your organization? Further, how will your organization benefit the S&T campus as a whole?**

**Signatures:**



**We affirm that the above information is accurate, truthful, and complete to the best of our knowledge, and realize that any attempt at deception in the above records is grounds for denial of funding for this period and future funding periods.**

**President:**

**Treasurer:**

**Advisor:**

**Submission:**

* Submit the PDF copy on your organization's Engage portal. The digital copy does not need to be signed.
* The hardcopy of this document and all other application materials must be submitted to the SAFB chair in 232 Havener Center. The hard copy should be signed.
* Generally, applications are due the 8th Friday of the spring semester for the following academic year.
* Visit the SAFB website: safb.mst.edu for more information.